

### Public Utility Commission of Texas 1701 N. Congress Avenue or P.O. Box 13326 Austin, Texas 78711-3326 512-936-7000

Web address: www.puc.texas.gov

# COMPLIANCE UPDATE TO RETAIL ELECTRIC PROVIDER CERTIFICATION

(In accordance with 16 Texas Administrative Code (TAC) § 25.107)

All Option 1 retail electric providers (REPs) are required to complete and file this updated form in Project No. 54828 on or before March 5, 2024. A REP that does not complete and submit this form in Project No. 54828 on or before the deadline may be subject to enforcement action.

1. REP Name	
REP legal business name:	
REP certification number:	
2. Authorized Representative Contact Infor	rmation
Contact name:	Title:
Phone no.:	Email:
3. Up-to-Date Contact Information	
☐ All of REP's contact information is up-to date (located at:	

	supporting affidavit, identifying the person and their relationship to the REP in accordance with 16 TAC $\S$ 25.107(e)(2)(E)(iv)(I)(-b-) and 16 TAC $\S$ 25.107(g)(1)(A)(ii).					
	barred, in any way, partici	pation by Commission or erson and their relationsh	nployee, or third-party provided reder. REP provided Attachment ip to the REP in accordance w (1)(B).	t 5, including a supporting		
		* * *	s principals, executive officers it labeled as Attachment 5.	, employees, or third-party		
	REP confirms that a perso with 16 TAC § 25.107(g):	_	persons prohibited from contro	olling a REP in accordance		
	(1) does not control the I	REP; and				
	•	neet the basic certification ents of 16 TAC § 25.107(c	n requirements of 16 TAC § 25 e).	5.107(d) or the technical and		
<b>6.</b> ]	Information on Principa	als				
Na	me:	Title:	Phone no.:	Email:		
Na	me:	Title:	Phone no.:	Email:		
Na	me:	Title:	Phone no.:	Email:		
Na	me:	Title:	Phone no.:	Email:		
Na	me:	Fitle: Phone no.:		Email:		
	<ul> <li>□ REP provided principal information in a word-searchable file and in a format native to Microsoft Excel (such as .xls. xlsx, .xlsm, etc.).</li> <li>□ REP provided additional principals as Attachment 6.</li> </ul>					
7. Subsidiaries, Parent Companies, and Sister Companies						
	osidiary, parent, or sister mpany name:	*				
	osidiary, parent, or sister	Type of Commission certification:  Commission certification no.:				
	npany name:			no.:		

Subsidiary, parent, or sister company name:		Type of Commission certification:	Commission certification no.:			
Subsidiary, company na	parent, or sister me:	Type of Commission certification:	Commission certification no.:			
□ REP pro	ovided additional su	bsidiaries, parents, and sister companies as Attach	ment 7.			
8. Owners	hip and Corpora	te Structure				
□ REP pro	ovided an ownership	and corporate structure chart as Attachment 8.				
9. Access t	o Capital – A RE	P must only complete one of the below met	hods ((a) or (b)).			
(a). Gu	arantor					
Nar	ne of Guarantor(s)	:				
RE	P must complete or	ne of the options below.				
		nvestment grade credit rating. REP provided as A $07(f)(4)(A)$ demonstrating an investment grade cr				
	☐ Guarantor has adequate tangible net worth. REP provided as Attachment 9A the documentation required by 16 TAC § 25.107(f)(4)(B) demonstrating adequate tangible net worth and other required calculations.					
RE	REP must complete one of the options below.					
	$\Box$ Guarantor is an affiliate(s) of the REP.					
	☐ Guarantor is a financial institution. REP provided as Attachment 9B the documentation required by 16 TAC § 25.107(f)(4)(A) demonstrating an investment grade credit rating.					
	Guarantor is a provider of wholesale power supply, or is otherwise an affiliate of a provider of wholesale power supply, for the REP. REP provided as Attachment 9B the documentation required by 16 TAC § 25.107(f)(4)(H) demonstrating an executed power purchase agreement and as applicable, proof of the guarantor's affiliation with the REP's provider of wholesale power supply.					
RE	REP must complete both of the options below.					
	☐ REP has executed a Commission approved standard form irrevocable guaranty agreement with the guarantor.					
	□ REP has filed the executed irrevocable guaranty agreement in Project No. 54827. <b>The Item No. is:</b>					
(b). Letter of Credit						
RE	P must complete o	ne of the options below.				
		00 in shareholders' equity. REP provided as Attac				
	•	C § 25.107(f)(4)(C) demonstrating adequate share				
	<ul> <li>☐ REP has been serving load two years or longer and is exempt from requirement.</li> <li>Date REP started serving load:</li> </ul>					

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	R	EP must complete both of the options below.
		REP has executed a Commission approved standard form irrevocable stand-by letter of credit payable to the Commission with a face value based on the number of electronic service identifiers (ESI IDs) the REP serves. REP provided as Attachment 9B the number of ESI IDs the REP serves.
		REP has filed the irrevocable stand-by letter of credit in Project No. 37919. <b>The Item No. is:</b>
10.	Prote	ection of Customer Deposits and Prepayments
RF	P mus	st complete one of the options below.
	REP	collects customer deposits AND prepayments.
	REP	collects customer deposits.
	REP	collects customer prepayments.
	REP	does not collect customer deposits or prepayments.
If I	REP co	ollects customer deposits or prepayments, then REP must check one of the options below.
		uses and maintains a segregated cash account. REP provided as Attachment 10 the documentation red by 16 TAC § 25.107(f)(4)(D) demonstrating compliance with 16 TAC § 25.107(f)(2).
		uses and maintains an escrow account. REP provided as Attachment 10 the documentation required by AC § 25.107(f)(4)(E) demonstrating compliance with 16 TAC § 25.107(f)(2).
	letter	uses and maintains a letter of credit. REP completed both the options below. Any irrevocable stand-by of credit provided by REP for customer deposits or prepayments must be in addition to the irrevocable -by letter of credit provided under question 9 for Access to Capital.
		EP has executed a Commission approved standard form irrevocable stand-by letter of credit payable to ne Commission.
		EP has filed the irrevocable stand-by letter of credit in Project No. 37919. The Item No. is:
If l	REP co	ollects customer deposits or prepayments, then REP must check each applicable option below.
	segre	owledgment for protection customer deposit. REP acknowledges that for customer deposits, a gated cash account, escrow account, or an irrevocable stand-by letter of credit must be adjusted, as sary, to maintain a minimum of 100% coverage of the REP's outstanding customer deposits held at the of each calendar month.
	balan as nec	owledgement for protecting customer prepayments. REP acknowledges that for customer prepayments, a must maintain, at minimum, protection for all customer prepayments that equals or exceeds \$50. The ce of a segregated cash account, escrow account, or irrevocable stand-by letter of credit must be adjusted, cessary, to maintain a minimum of 100% coverage of customer prepayment funds equal to or exceeding eld at the close of each calendar month.

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- □ REP acknowledges that, upon filing a petition for bankruptcy, becoming subject of an involuntary bankruptcy proceeding, or in any manner becoming insolvent, including being in default with the applicable independent organization or with a transmission and distribution utility (TDU), REP will file a notice in Project No. 54822 as prescribed by 16 TAC § 25.107(f)(3)(A) and (B):
  - ◆ REP must notify the Commission within three working days of the event and must file with the Commission a summary of the nature of the event as required by 16 TAC § 25.107(f)(3)(A).
  - ◆ The notification must be filed in Project no. 54822. If REP has filed a petition for bankruptcy, then REP must include in its filing the petition that initiated the bankruptcy as required by 16 TAC § 25.107(f)(3)(B).

### 12. Financial Reporting Year

Month and last day of fiscal year of REP or guarantor:

### 13. 15 Years Competitive Electric or Gas Industry Experience

☐ One or more principals or employees in managerial positions have a combined experience in the competitive electric industry or competitive gas industry that equals or exceeds 15 years. REP completed and provided Attachment 13 and provided supporting resumes as part of Attachment 13.

#### 14. Risk Management Experience

REP must complete one of the options below.

- Risk manager is an executive officer or employee in a managerial position of REP. REP completed Attachment 14 and provided a supporting resume as part of Attachment 14 for one executive officer or managerial employee demonstrating that the individual has five years' experience in managing a substantial energy portfolio. REP provided specific dollar values of the magnitude of the portfolios managed.
- □ REP has an executed agreement with a provider of commodity risk management services. REP provided as Attachment 14 an executed agreement with a provider of commodity risk management with a term not less than two years.

The agreement expires on:

### 15. Third-Party Providers

□ REP identified all third-party providers REP has outsourced any retail or wholesale functions to. REP completed and provided Attachment 15 and provided the information in a word-searchable file and in a format native to Microsoft Excel (such as .xls. xlsx, .xlsm, etc.).

## **ATTACHMENT 4 General Affidavit** § State of: § § County of: My name is (executive officer name). I am the (executive officer title) of the retail electric provider (REP). I swear and affirm that I have personal knowledge of the facts stated in this application, that I am competent to attest to those facts, and that I have the authority to make this statement on behalf of the REP. I further swear and affirm that all of the statements and representations made in this application are true and correct. I swear and affirm that the REP understands and will comply with all requirements applicable to a REP. Signature Typed or Printed Name Title of Signatory SWORN TO AND SUBSCRIBED before me on the \_\_\_\_day of \_\_\_\_\_\_, 20\_\_\_\_\_. Notary Public in and for the State of \_\_\_\_\_\_. My commission expires on: \_\_\_\_\_\_.

## **ATTACHMENT 5**

## Affidavit of Compliance with 16 TAC § 25.107(e)(2)(E)(iv) and (v)

State of:	8		
	<b>§</b>		
County of:	§		
My name is (executive officer n	name). I am the (executive officer	title) of the retail electric pro	ovider (REP).
	ersonal knowledge of the facts state e authority to make this statement		am competent to testify
any current principal, executive (1) exercised direct or indi under 16 Texas Admini months prior to the mas (2) exercised direct or indi market participant havi Agreement terminated of terminated; (3) exercised direct or indir having exited an electric	the REP has provided all informatofficer, employee, or third-party prect control over a REP that expensivative Code § 25.43 (relating to stransition; rect control over a market particing had its Electric Reliability Coor a similar agreement for an appliance control of a market participant city or gas market with outstanding way, participation by Commission	provider of the REP that: referenced a mass transition of Provider of Last Resort) at a  pant at any time within the uncil of Texas Standard Fo cable independent organizat  within the prior six months g payment obligations that re	f the REP's customers any time within the six e six months prior to a form Market Participant ion other than ERCOT of a market participant
		Signature	;
		Typed or Printed	1 Name
		Title of Signa	tory
SWORN TO A	ND SUBSCRIBED before me on	theday of	, 20
	Not	ary Public in and for the Stat	te of

My commission expires on:

## **ATTACHMENT 13**

### Competitive Electric or Gas Industry Experience relied upon to meet Technical Qualifications

Name:	Title:
Employer:	Employment period:
Verifying contact name:	Contact's title:
Phone no.:	Email:
Name:	Title:
Employer:	Employment period:
Verifying contact name:	Contact's title:
Phone no.:	Email:
Name:	Title:
Employer:	Employment period:
Verifying contact name:	Contact's title:
Phone no.:	Email:
Name:	Title:
Employer:	Employment period:
Verifying contact name:	Contact's title:
Phone no.:	Email:
Name:	Title:
Employer:	Employment period:
Verifying contact:	Contact's title:
Phone no.:	Email:
Name:	Title:
Employer:	Employment period:
Verifying contact:	Contact's title:
Phone no.:	Email:

ATTACHMENT 14				
Risk Management Experience relied upon to meet Technical Qualifications				
Contact name:	Title:			
Company name:	Years of experience or time period worked:			
Type of experience:	Dollar value of portfolios managed:			
Phone no.:	Email:			

### **ATTACHMENT 15 Third-Party Providers Relied Upon** Type of service provided (billing, customer service, etc.): Term of service agreement: Date service agreement began: Type of experience: Years of experience: Company name: Title: Contact name: Physical address: ZIP: City: State: Web address: Email: Phone no.: Toll free no.: Type of service provided (billing, customer service, etc.): Term of service agreement: Date service agreement began: Type of experience: Years of experience: Company name: Contact name: Title: Physical address: ZIP: City: State: Email: Web address: Phone no.: Toll free no.: Type of service provided (billing, customer service, etc.): Term of service agreement: Date service agreement began: Type of experience: Years of experience: Company name: Contact name: Title: Physical address: City: State: ZIP: Web address: Email: Phone no.: Toll free no.: